

Athletics 2700 Hilyard Street Eugene OR 97405 (541) 682-5409 Fax (541) 682-5367 www.eugene-or.gov/recathletics

## LEAGUE CLASSIFICATION Winter Volleyball, 2011

Program: Coed	Women's
Team Name	
Team name last Wir	nter, if different
Returning Team (mu	ust have at least 4 from Winter '10 roster) OR New Team
If Returning Team:	# of returning players from 2010 Winter team
2010 Fall League (e	e.g. "C-2")
2010 Spring League	e (e.g. "B-2") Team's Win/Loss:
2010 Winter League	e (e.g. "C-1") Team's Win/Loss:
	LEAGUE PREFERENCE
Available Leagues:	Sunday Coed: A, B-1, B-2, C-1, C-2, C-3, C-4, C-5, D-1, D-2, E
	Tuesday Women's: A-1, A-2, B-1, B-1.5, B-2, B-3, C-1, C-2
First Choice_	Second Choice
	LEVEL OF COMPETITION
Competitive	Semi-competitive Recreational
AWARD CHOICE:	If your team places FIRST, which award do you prefer?
Team Trophy	Leather Volleyball *\$35 Credit
*Credit may be used	d for any City of Eugene Athletic Program Activity in the next 12 months.
OF THEIR CHOOSI DESIRABLE, MONI FINAL DECISIONS	TAFF CANNOT GUARANTEE THAT TEAMS WILL BE PLACED IN THE LEAGUING. IF YOUR TEAM IS PLACED IN A LEAGUE OR NIGHT WHICH IS NOT ES WILL BE REFUNDED ONLY IF A REPLACEMENT TEAM CAN BE FOUND. WILL BE MADE BY THE ATHLETICS STAFF.
Check one:	Team Manager
	like to continue to receive printed schedules
My team does N	NOT want printed schedules, we will get the schedules from the athletics website